

Because It's Not Over

GRANT APPLICATION COVER FORM



Applications for Jan - June
are due Nov. 1st.
Applications for Jul - Dec.
are due May 1st.

Applicant's Information:

Contact Name: _____

Organization/Agency Name: _____

FTN #: _____ DUNS #: _____

Address: _____

City: _____ State: _____

Zip: _____ Email: _____

Phone: _____ FAX: _____

Target Audience: ☐ HIV+ ☐ MSM ☐ Female HRH ☐ Female IDU

In the space below, briefly describe your project: _____

CHECKLIST: (All items must be addressed for applications to be processed)

- ☐ What do you want to do? - *Brief summary of project*
- ☐ Why do you want to do it? - *Describe the need*
- ☐ Who are you? - *Describe agency and capacity to do this project*
- ☐ Why are you the best agency to do this?
- ☐ What will you accomplish? - *Expected outcome*
- ☐ How will you know if it is successful? - *Describe evaluation plan*
- ☐ How will you do it? - *Workplan/Timeline*
- ☐ How much will it cost? - *Budget and Budget Justification*
- ☐ Include copy of 501(c)(3) certification

Total application should not exceed four pages

Mail completed applications to:

Nancy Jo Hansen
HIV Prevention Program
Nebraska Health and Human Services
PO Box 95044
Lincoln, NE 68509-5044